



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NY/ 2623
PA/PA

Application No. : 2623
Examiner : Mehrdad Dastouri
Serial No. : 09/976,945
Filed : October 12, 2001
Inventor : Pascal Pineau
Title : MEDICAL IMAGING SYSTEM

Customer No.: 35811

Docket No.: 1296-01

Confirmation No.: 1749

Dated: November 17, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Amendment Transmittal Letter, in duplicate
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By: _____ *TP*

Date: 17 Nov 2004

Attorney Docket No.: 1296-01

In re Application of Pascal Pineau

NOV 22 2004
U.S. PATENT & TRADEMARK OFFICE

Serial No.: 09/976,945

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For: MEDICAL IMAGING SYSTEM

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 7	-	** 20=	0
INDEP.	* 1	-	** 3=	0
<u>First presentation of multiple dependent claim</u>				

RATE	ADD'L FEE
x 9=	\$
x44=	\$
+150=	\$

OR

RATE	ADD'L FEE
x18=	\$
x88=	\$
+300=	\$

TOTAL ADDITIONAL FEE \$ _____ OR \$ _____

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$_____ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



T. Daniel Christenbury
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Attorney for Applicant

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	:	2623	Customer No.: 35811
Examiner	:	Mehrdad Dastouri	Docket No.: 1296-01
Serial No.	:	09/976,945	Confirmation No.: 1749
Filed	:	October 12, 2001	
Inventor	:	Pascal Pineau	
Title	:	MEDICAL IMAGING SYSTEM	Dated: November 17, 2004

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 18, 2004 please consider the following remarks and amendments.